

MARTHA COAKLEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

FAIR LABOR DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200
(617) 727-3465 HELPLINE
WWW.MASS.GOV/AGO
WWW.LABORLOWDOWN.COM

Please Read: Under most circumstances, the text of your complaint will be considered a public record and be available to any member of the public upon request. In response to such a request, *we generally will not disclose your name, address, phone number, or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted.* Your record in its entirety may, however, be disclosed to law enforcement and regulatory agencies who may assist in resolving your complaint.

CHILD LABOR VIOLATION COMPLAINT FORM- Page 1

Please provide as much information as you can on this form and mail it to the above address.

Complainant Information: (you may file anonymously)

Name of Complainant: _____
First Name Last Name

Complainant Address: _____
Street City State Zip

Complainant Phone Number: _____

What is your relationship to the minor? ☐ Self ☐ Parent ☐ Customer ☐ Other _____

Do you speak English? _____ What language would you prefer we contact you in? _____

Minor Information: (if known)*

Minor Name: _____

Minor's Address: _____

Minor's Phone Number: _____ Minor's Date of Birth/Age: _____

Hours/Days Minor Working: _____

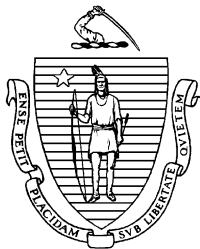
Type of Work Minor Is Performing: _____

Does the minor have a work permit? ☐ Yes ☐ No Dates of work: _____

Is the minor currently working for the employer? ☐ Yes ☐ No

Is the minor enrolled in school? If so, what school? _____

**Please attach additional pages if further space is required.*



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CHILD LABOR VIOLATION COMPLAINT FORM- Page 2

Employer Information

Company Name: _____

Company Address: _____
Street City State Zip

Company Phone Number: _____

Owner's Name: _____
First Name Last Name

Manager's Name: _____
First Name Last Name

Type of Company: _____

General Information:

Type of violation: *(please check the category that best applies)*

- | | |
|---|--|
| <input type="checkbox"/> Minor unsupervised after 8:00 p.m. | <input type="checkbox"/> Time violation |
| <input type="checkbox"/> Prohibited occupation | <input type="checkbox"/> Minor serving alcohol |
| <input type="checkbox"/> Hours violation | <input type="checkbox"/> Work permit violation |
| <input type="checkbox"/> Other _____ | |

Please provide detailed information about the violation: _____

Do you believe the work is placing the minor in immediate danger? ☐ Yes ☐ No

Please explain: _____

Number of minors working in violation of the law: _____



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CHILD LABOR VIOLATION COMPLAINT FORM- Page 3

☐ Child Labor Presentation

☐ School: _____
(School Name)

☐ www.laborlowdown.com

☐ Google

☐ Attorney General's Website

☐ Community organization: _____
(Group Name)

☐ Union: _____
(Union Name)

☐ Other: _____

I hereby certify that, to the best of my knowledge and belief, this is a true and accurate statement of the facts about my complaint.

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Date signed